



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

PRODUCER CONTROLLED PROPERTY AND CASUALTY INSURANCE REPORT
DUE APRIL 1

Required to be completed and filed by Arizona domestic property and/or casualty insurer

ENTER THE CALENDAR YEAR FOR WHICH THIS REPORT IS BEING FILED: _____

Company Name: _____ NAIC Number: _____

Address: _____

City, State, Zip: _____

Instructions: Each domestic insurer licensed to transact property or casualty insurance is required to complete Section I of this form for each producer who "controls" such insurer OR Section II of this form indicating that the requirements of Arizona Revised Statutes § 20-487 et seq. have been reviewed and that there is no controlling producer information to be reported.

SECTION I - To be completed by a producer controlled property and/or casualty insurer

Name of Controlling Producer: _____

Address: _____

City, State, Zip: _____

Controlling Producer Arizona License Number: _____

1. Amount of commission paid to Controlling Producer: \$ _____

2. Percentage such amount represents of net premium written: _____ %

3. Comparable amounts and percentages paid to non-controlling producers for placement of the same kinds of insurance:

Attach a list if more space needed.

Arizona License Number: _____ Commission paid: \$ _____ Percentage: _____ %

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Arizona License Number: _____ Commission paid: \$ _____ Percentage: _____ %

4. As required by ARS § 20-487.02(C), attach the opinion of an independent casualty actuary or other independent loss reserve specialist who is acceptable to the Director, that reports loss ratios for each line of business written and attests to the adequacy of loss reserves established for losses incurred and outstanding, including incurred but not reported, as of the year end on business placed by the producer.

PREPARED BY:

Preparer's Name and Title _____

Preparer's Signature _____

Email Address: _____

Phone: _____

SECTION II - To be completed by a property and/or casualty insurer that is NOT producer controlled

It is hereby certified that the Reporting Insurer named above is not issuing any property or casualty insurance coverage that are, or may be, reportable under ARS § 20-487 et seq.

Authorized Signature for Certification _____

Authorized Signer's Name and Title _____